



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Lardizabal	Alfred	C.	841-5877
MAILING ADDRESS (Street)			FAX
1617 Palama St.			847-7829
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION


NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Laborers' Political Action Committee	841-5877	
MAILING ADDRESS (Street)	FAX	
1617 Palama St.	847-7829	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Donna Kekauoha	841-5877	
MAILING ADDRESS (Street)	FAX	
1617 Palama St.	847-7829	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

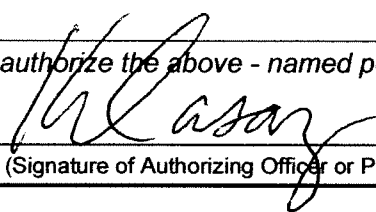


(Signature of Lobbyist)

2/3/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Kenneth Casarez		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Deputy Trustee	
NAME OF ORGANIZATION (if applicable) Hawaii Laborers' Political Action Committee		TELEPHONE 841-5877	
MAILING ADDRESS (Street) 1617 Palama St.		FAX 847-7829	
(City) Honolulu	(State) Hawaii	(Zip Code) 96817	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 _____ (Signature of Authorizing Officer or Person Represented)		2/5/07 _____ (Date)	